Application Number /0/509494 Applicant(a)/ Filing Date **CLAIMS ONLY** OI - 18-OF AFTER FIRST AMENDMENT May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend AS FILED Indep Depend Indep Depend Indep Depend 52 53 54 66 67 59 60 61 62 64 65 17 67 19 69 70 71 72 73 74 75 76 21 22 78 79 29 81 85 86 36 39 92 43 94 95 44 45 97 49 99 100 Total Indep Total Indep Total Depend Total Claims Total Depend Total